2011 ELECTION CYCLE



h	Delbert Hosemann SECRETARY OF STATE	The same
K	OCT 3 1 2811	
	DATE STAMP	

THE MISSE	OCT 3 1 2811
Name of Candidate Michael T. Evans	DATE STAMP
Address 18477 Hwy 397 Pratur, MS County W	instern beoretary of State
Telephone 601-416- 11495 Fax	
Office Sought House Rep 43 Political Party	Denocrat_
Email Address	
Check here if above is different from previous report	
May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011)	Mandatory
June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011)	Mandatory
	Mandatory
	Primary Candidates
August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)	•
October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011)	Mandatory
November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011)	Mandatory
November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2	011)Runoff Candidates Only
January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011)	Mandatory
Termination Report (Candidate will no longer accept contributions or make	•
Campaign expenditures and has no outstanding campaign debt obligation)	
IMPORTANT	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have oc shall submit a report indicating "0" (Zero) for total amount of reported contributions a	curred. In such case, the candidate
shall substitute a report more atting to (Zero) for total amount of reported continuctions a	and expenditures during this period
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be Ann. § 23-15-807 (b) (ii) and (iii).	efiled in accordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5;00 p.m. on t falls on a weekend or a holiday, the office must be in actual receipt of the required report day before the deadline. Faxed reports are acceptable.	the reporting day. If the deadline ts by 5:00 p.m. on the first working

	REPORTED CON	ITRII	BUTIONS AND I	DISB	URSEMENTS	
	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	5 17192.00	+\$	100.60	\$	17292:00	\$ 25492.00
Total amount of disbursements	\$ 17619.55	+5	D	\$	17619.55	\$ 27273.05
Total amount of cash on hand				\$	844.45	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

H-1-H 10-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement,

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Michael T. Evans	7	Page 2 of 4
Reporting period 10 1-11 through 10 - 29-11	=	
ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Michael Evans	10/20/11	\$ 2499.00
Mailing Address		* (2517).00
18477 Hwy 1977 City, State, Zip Code		\$
Prestow, MS 39354 Name of Employer (Required)		\$
City of Philadelphia Occupation (Required)		\$
Fireman	Aggregate year-to-date	\$ 2599.00
B. Source: Corporation PAC Individual Loan COther (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Victory PAC	10 121 111	\$ 13,493.00
Mailing Address		\$
P.O. 664 55502 City, State, Zip Code		·
Jackson, MS 39296		\$
Name of Employer (Regulred)		\$
Occupation (Required)	Aggregate year-to-date	\$ 15043.00
Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
JAM- PAC	16/6/11	\$ 1200.00
Roi Doy 1992		\$
JACkson, MS 39296		\$
lame of Employer (Required)		\$
PAC	Aggregate year-to-date	\$ 1700.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name		\$
alling Address		1
ity, State, Zip Code		\$
ame of Employer (Required)	<u> </u>	\$
		\$
scupation (Required)	Aggregate year-to-date	\$

Page <u>3</u> of <u>4</u>

Name of Candidate or Committee _	Michael T. Evans
Reporting period 10-1-11	through 10-29-//

ITEMIZED DISBURSEMENTS

A. Full name UBR Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	16 1 25 1 11	s 500.00
City, State, Zip Code Ridge land MS Purpose of Disbursement (Optional)	_/_/_	\$
Purpose of Disbursement (Optional) Consulting Services B. Full name	Aggregate Year-to-date	\$ 1000.00
Scout Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 1861 01	\$ 450,00
Stock bridge GA Purpose of Disbursement (Optional)	_/_/_	s
Consulting Services	Aggregate Year-to-date	\$ 450.08
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
falling Address	_/_/_	\$
City, State, Zlp Code		s
Purpose of Disbursoment (Optional)	Aggregate Year-to-date	\$



Page 3 of 4

Name of Candidate or Committee	Michael T. Evans
	through 10 - 29-11
Reporting period 16-1-11	through 10° 19° 11

ITEMIZED DISBURSEMENTS

. Full namo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mount Moriah Church	10 15 71	\$ 510.00
Marker Lufter Kiris Dr.		S
Louisui IIe , M.5 39.339 urpose of Disbursdment (Optional)	Aggregate Year-to-date	\$ 510.00
Buldiag Find	Date (Mo., Day, Year)	Amount of each disbursement this period
WLSM Radio Hwy 14 East	<u>10 / 1 / 11</u>	s 14 94.60
ity, State, Zip Code	_''	5
rurpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3229.00
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/1/11	s 1600,05
Louisus III MS 39309		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30 31.30
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Maw St.	10/1/11	\$ 372.50
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 688.75
News paper Ad. E. Full name NAACP	Date (Mo., Day, Year)	Amount of each disbursement this perior
Mailing Address 8150 Brocker 112 Rd	_''_	\$ 150.00
City, State, Zlp Code Louisu, 114 MS 39379	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 550.00
F. Full dame	Date (Mo., Day, Year)	Amount of each disbursement this perio
Mack Crowne Group Mailing Address	10 127111	\$ 12,543.00
City, State, Zip Code	'	s
Purpose of Disbursement (Optional) Consulting Services	Aggregate Year-to-date	\$ 12,543.00